

**BUSINESS LICENSE APPLICATION  
CONTRACTOR/SUB-CONTRACTOR  
CITY OF AUBURN  
1225 Lincoln Way, Room 1, Auburn, CA 95603  
(530) 823-4211, Ext. 114**

Obtaining a business license does not relieve your obligation to comply with planning, fire and other regulatory codes. If application covers a business that will be operated in the city limits of Auburn on a seasonal basis but from a permanent location, future licenses must be obtained on an annual basis. (Auburn Municipal Code Sec. 3-1-105)

NAME OF BUSINESS \_\_\_\_\_ BUS. PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ HM. PHONE \_\_\_\_\_

BUSINESS LOCATION ADDRESS \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ MANAGER'S NAME \_\_\_\_\_

OWNER'S HOME ADDRESS \_\_\_\_\_

DATE BUSINESS TO START \_\_\_\_\_ BUSINESS TYPE \_\_\_\_\_

☐ New Business ☐ Existing Business (new owner)

Type of Ownership: ☐ Private ☐ Corporation ☐ Partnership ☐ Limited Liability Partnership

Please list corporation officers or partners names and address:

		<b>Tenant Square Footage</b>

Driver's License # \_\_\_\_\_ Social Security # \_\_\_\_\_

FEIN # \_\_\_\_\_ SEIN # \_\_\_\_\_  
(Federal Employer ID) (State Employer ID)

State Board of Equalization # \_\_\_\_\_ Contractor's License # \_\_\_\_\_

Annual License Requested? ☐ Yes ☐ No

Hazardous Materials Storage Disclosure: ☐ Filed ☐ Not Applicable

SIGNS: ☐ No sign ☐ Use existing sign (no changes) ☐ Modify existing sign ☐ New sign

I DECLARE OF MY OWN PERSONAL KNOWLEDGE THAT THE FOREGOING IS TRUE AND CORRECT.

Date of Application: \_\_\_\_\_  
Signature of Applicant or Representative \_\_\_\_\_

The following clearances are required, when applicable and as indicated, prior to issuance of the Business License:

<input type="checkbox"/> Comm. Dev. Dept. _____ <input type="checkbox"/> Health Dept. _____ <input type="checkbox"/> Fire Dept. _____ <input type="checkbox"/> Non-profit papers (copies needed) _____	<input type="checkbox"/> Police Dept. _____ <input type="checkbox"/> Building Dept. _____ <input type="checkbox"/> Public Works _____ <input type="checkbox"/> Hazard Mats Form _____ <input type="checkbox"/> City Manager _____	<input type="checkbox"/> Airport _____ <input type="checkbox"/> Airport Liability Ins. _____ <input type="checkbox"/> Airport Min. Stds./Access Fees _____ <input type="checkbox"/> Underground Storage Tank Disclosure _____ <input type="checkbox"/> Workers Comp _____
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Date Issued \_\_\_\_\_ Category \_\_\_\_\_ Industry Code (SIC) \_\_\_\_\_